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ABSTRACT

The Sir Evelyn Wrench Travelling Fellowship for Librarians 1969 was awarded to Antonia J. Bunch. In this personal account of her one month tour of the United States, the author reviews her impressions of the twenty-one hospital and health science libraries she visited. (MM)

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SIR EVELYN WRENCH TRAVELLING FELLOWSHIP FOR LIBRARIANS 1969.

HOSPITAL AND HEALTH SCIENCES LIBRARIES IN THE UNITED STATES

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LI 002 933

Antonia J. Bunch, A.L.A.
Librarian,
Scottish Hospital Centre,
EDINBURGH.

LIBRARY | SCOTTISH HOSPITAL CENTRE

PREFACE

The purpose of this Fellowship, which is awarded by the English-Speaking Union of the Commonwealth, is two-fold: (1) to enable the librarian chosen to enrich his professional knowledge by examining at firsthand, U.S. libraries that are noted for their achievements in the candidate's special field of interest, and (2) to give that person an insight into and understanding of the American way of life.

I would like to express my thanks to the English-Speaking Union for awarding me the Fellowship in 1969 and to the Council of Management of the Scottish Hospital Centre for granting me leave of absence to visit the United States for a month.

Antonia J. Bunch.

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United Hospital Fund of New York

On Tuesday, September 30th, I commenced my tour of the United States with a visit to the offices of the United Hospital Fund of New York, where I spoke with Mrs. Selma Gale, Staff Associate, Patients' Libraries. The United Hospital Fund was founded in 1879 as the Hospital Saturday and Sunday Association; its purpose, to co-ordinate the appeals made by the various voluntary hospitals for funds to support their work. The first appeal raised over $26,000 and in annual campaigns since then, the Fund has raised a total of over $85 million. Today, the Fund's member hospitals maintain over 22,000 beds, providing care for 677,000 patients annually, with a further 2,210,000 out-patients. An average of 7,300 interns, residents and nurses are trained each year.

The modern activities of the United Hospital Fund are not only concerned with raising money. The Fund is currently acting as an important focal point for study and research in the field of hospital administration. It also "acts as principal negotiator for the voluntary hospitals in dealing with the New York City government; as a central agency for the collection and interpretation of statistical data pertaining to hospital operation; as co-ordinator and supporter of the myriad volunteer services to patients provided by Women's auxiliaries and committees; as a sponsor of institutes, training courses and seminars for hospital personnel".[1]

The Committee on Patients' Libraries is part of the Women's Activities Division of the Fund, perhaps inappropriately, since once again, more men are turning to librarianship as a career and many of the library volunteers working in hospitals are men. This Committee has done much to stimulate the inauguration and improvement of patients' libraries in New York hospitals and most of these are now run by professionally qualified librarians. The Fund also organises training courses for volunteers; conducts conferences and seminars for professional librarians and has issued at least two very important publications:- *Planning the hospital library*, 1957 and *Essentials for patients' libraries: a guide*, 1966.

I met Mrs. Selma Gale, a professionally qualified librarian who is in charge of this section of the Fund's work. In my discussions with Mrs. Gale, we discovered that the general attitude of the non-librarian towards patients' libraries is rather similar to that in the United Kingdom.

Few seem to deny that there is a need to provide a library service, but there is something of an attitude of "how little can we spend on this?". Generally speaking budgets are rather poor and too many administrators still believe that an adequate service can be provided relying entirely on volunteers.

The United Hospital Fund is not directly concerned with medical or professional libraries for hospital staff and generally speaking, medical librarians are not particularly interested in patients' libraries. Mrs. Gale stressed that work with patients is demanding and is a specialty on its own, but in the absence of a professional patients' librarian, a qualified medical librarian in the hospital, supervising the patients' library, would be better than a completely untrained person. She thought that the term "Health Sciences Library", now being increasingly used in the United States, described the function of the hospital staff library better than "Medical Library". We discussed the education for professional librarians in the United States. Normally, a potential librarian would attend a four-year degree course, followed by a one-year Master's Degree in librarianship. Some doubt is being expressed as to whether one year is sufficient. Certainly it does not allow enough time for practical work.

The United Hospital Fund has its own small reference library, which I visited. It contains approximately 2,500 books, 20,000 documents and subscribes to 95 current periodical titles. Specialising in hospital administration, management and public health, the library's enquiries in the year 1968/69 amounted to over three thousand.

Mrs. Gale took me to luncheon and we continued to discuss library topics. In the afternoon she took me to see the library in the psychiatric hospital of the New York University - Bellevue Medical Center, a member of the Fund.

New York University - Bellevue Medical Center Psychiatric Hospital

This is an old municipal hospital with approximately 450 beds. Admissions are about 15,000 a year. The library has only recently been established in a room of approximately 90m^2 (900 sq.ft.) formerly occupied by the occupational therapy department and although the Librarian, Mr. Martin Leibovici, was more interested in telling me what he is going to be able to do in the new accommodation planned for the new hospital, at present under construction, it was obvious that he has already achieved a very great deal.

The library was well-stocked with general books and included a reference section. It is open from 10.0 a.m. - 12 noon and from 1.30 p.m. - 4.30 p.m. each day. In addition, the Librarian holds discussion sessions for approximately two hours on three evenings a week. On Monday, the topic is classical music and records are played and discussions held. This leads on to the reading of books on music or lives of composers. Eventually, the Librarian hopes to show films on music and composers. On Tuesday evening, the session is devoted to poetry therapy. Patients are encouraged to read poems of their own choosing, to discuss their reactions to them and to compose poetry themselves. Although these sessions are conducted with approval of the medical staff, at present no psychiatrist or psychologist attends them. Mr. Leibovici would like to see the staff becoming more involved. It is already established that a patient's self-revelation in terms of reaction to poetry can be a valuable aid to diagnosis. On Thursday evenings, a book discussion is held and this may also extend to include topics such as mental health, psychology, etc.

The library staff consists of one full-time librarian with another qualified full-time assistant commencing in January, 1970. Approximately 24 volunteers a month assist with the distribution of books, but there is difficulty in getting volunteers in the summer. Wards are visited twice a week in the winter and once a week in the summer. Small collections are maintained on the wards, cared for by long-term patients under instruction from the Librarian. Two patients are under training in the library; Mr. Leibovici thinks it will be about three months before they are fully useful. On discharge from the hospital, they will return to work in the library on a full-time basis. This helps in vocational rehabilitation and will lead, for some, to librarianship as a career.

Although in old premises, the library was attractively furnished with plenty of easy chairs. During the time I was there, approximately two hours, there were never less than about ten people in the library at any one time. No loan record is kept of paperbacks or magazines. The Librarian wishes to encourage reading by making material easily available.

Ultimately, Mr. Leibovici, expects to have an audio-visual centre with individual carrels for listening and looking. Eventually, four head-phone sets will be added to the library with a stock of 500 records including the spoken word and classical music. Recreational music facilities are provided by the recreation therapists. Mr. Leibovici considers that records will be particularly useful for work with children together with story hours. Foreign language records, poetry and plays will also be kept.

in addition, a display unit for a permanent rotating art gallery will be installed and this will include prints of famous artists' work as well as the patients' own work. There is an art therapist on the staff of the hospital. A slide projector will aid the Thursday evening book discussions.

I left Bellevue Psychiatric Hospital feeling very encouraged by what obviously could be accomplished by an enthusiastic librarian even in difficult surroundings.

In the evening I had dinner with Mr. and Mrs. W. Flexner. This meeting was given added interest by the fact that Mr. Flexner's father was the famous author of the Flexner Report.[2]

My hostess in New York, Miss Louise Potts, is an occupational therapist at the New York - Bellevue Rehabilitation Center, so we had much in common to discuss.

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1 United Hospital Fund of New York. *A tradition of service.* New York, The Fund, 1965.

2 Flexner, A. *Medical education in the United States and Canada.* New York, Carnegie Foundation for the Advancement of Teaching Bulletin No.4, 1910.

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2 WASHINGTON, D.C.

I flew to Washington on Wednesday morning, October 1st, from Newark airport, New Jersey. In the afternoon I visited the headquarters of the Veterans Administration.

Veterans Administration

Here, I spoke to Mr. Henry Gartland, Director, Library Service, whom I had already met at the III International Congress of Medical Librarianship in Amsterdam in May. The Veterans Administration has the most developed library service, both to patients and to staff, of any single grouping of hospitals in the United States. Nearly 370 full-time, academically qualified librarians work in a nationwide network of 165 hospitals. The VA is the largest single hospital system in the world and has the largest number of medical libraries under a single authority. Later in my tour, I visited two of them, in Chicago and Cleveland. (see below p.16 and p.25.).

All VA hospitals have a library service to patients and provide a service of medical and paramedical literature to all hospital staff. These two libraries are under the administration of one librarian, who may have one or more professionally qualified assistants according to the size of the hospital. The libraries may be adjacent as was the case in the VA hospital in Cleveland, or they could be separated by some distance. In the VA hospital in Chicago, the two libraries were on separate floors.

Although VA headquarters under Mr. Gartland's direction has the overall administration of all VA libraries and lays down general policy, each VA librarian has a considerable degree of autonomy within the overall framework. Each librarian is free to co-operate with other libraries and librarians in the area and to participate in any formal local schemes for co-operation. Each VA hospital library for example participates in its own local Regional Medical Library Program (see below p.7), but should it be necessary for a request from a VA hospital to be passed to the National Library of Medicine, this is done through VA headquarters library in Washington rather than through the Regional Resource Library. Detailed instructions on planning criteria for space and equipment[1] and library procedures[2] are laid down in the central department's manuals. VA hospital librarians are all highly trained and tend to stay in the system longer than is the case for most other libraries. On average, the VA hospital librarian has twenty years of service and 46% of VA librarians have served their entire career in one hospital. Conferences are held regularly to enable VA librarians to keep in touch with each other on a more personal basis.

The Medical and General Reference Library of the VA Central Office in Washington serves all the staff at VA headquarters and also acts as a resource collection for individual VA hospital libraries. I was shown around this library by Mrs. Tedesco, the Librarian. One of the most important services of this library is the very full bibliographies they produce on a wide variety of topics often with annotations and abstracts. These are printed and can run to 600 - 700 items. One, on spinal cord injury, has over 3,000 references.

On Thursday, October 2nd., I was able to undertake some sightseeing in Washington which included a visit to the Library of Congress (public gallery only) and to the Folger Shakespeare Library.

National Library of Medicine, Bethesda, Maryland

I spent Friday, October 3rd. at the National Library of Medicine, situated just over the Washington D.C. boundary at Bethesda, Maryland. Here I spoke to Mr. Donald Dennis, Chief, Reference Services Division and to Dr. Malcolm Ferguson in charge of the Audio-Visual Department within the Reference Services Division.

Originally founded in 1836 as the Library of the Surgeon-General's Office, the library was developed into a national service between 1865 and 1895 under its most famous librarian, Dr. John Shaw Billings. Renamed Army Medical Library in 1922 and Armed Forces Medical Library in 1952, it became part of the Public Health Service, U.S. Department of Health, Education and Welfare in 1956. This law, which was introduced by Senators Lister Hill and John F. Kennedy, also changed the name to National Library of Medicine. The library moved from the overcrowded premises in the centre of Washington to new accommodation at Bethesda in 1962.

The purpose of the NLM is to collect and make available biomedical information to practitioners, tutors and research workers in order to assist the advancement of medical and health-related sciences. It is the central resource for this in the United States and has no parallel in the United Kingdom. Holdings in 70 different languages total over 1.5 million items. Material can be consulted in the reading room at the NLM or borrowed through other libraries. The work of the library is spread over several divisions:- Technical services; Reference services; Bibliographic services; Information systems and History of medicine, all forming the Intramural Programs Section, and Publications and Translations; Facilities and Resources, and Research and Training, all forming the Extramural Programs Section.

Two important developments in the last decade, the introduction of Medlars and the Regional Medical Library Program, have greatly extended the scope of the work of the NLM.

Medlars (Medical Literature Analysis and Retrieval System) was developed because of the tremendous growth in the output of biomedical literature. "Medlars joins the intellectual talents of trained literature analysts and the processing capabilities of a high-speed electronic computer. The literature analysts, using terms selected from *Medical Literature Subject Headings* (MeSH), the thesaurus of Medlars, index biomedical journal articles and assign the MeSH descriptors which characterise the articles content. These data are entered into the computer and transferred to magnetic tapes

for storage and rapid retrieval. The Medlars file contains citations to biomedical journal articles published since January 1964. Medlars became operational in January 1964 with the publication of the first computer-produced issue of *Index Medicus*, a comprehensive, monthly subject-author index to articles from approximately 2,400 of the world's biomedical journals".[3] Bibliographies on specific topics can be produced on demand and to make the services more widely available, duplicated tapes have been distributed to five major centres in the United States, at the Universities of California, (Los Angeles), Colorado, Alabama, and Michigan and Harvard University. In the United Kingdom, Medlars searches are available through the National Lending Library, Boston Spa, Yorkshire and there are centres in Sweden and France. Medlars II, incorporating a faster computer was being programmed during my visit.

The Regional Medical Library Program was initiated under the terms of the Medical Library Assistance Act of 1965 (Public law 89-291). Basically this act authorised a programme of grants to encourage the setting up and improvement of medical libraries, research in the field of medical library science and the development of a national system of regional medical libraries. These Regional Medical Libraries are responsible for filling requests for material from their area and for passing on to the National Library of Medicine any requests which they cannot satisfy. The NLM additionally fulfills the function of Regional Library for its own area. In addition, money has been made available to libraries under the terms of the Regional Medical Programs which seek to promote co-operation in the provision of medical care and facilities; library services in the health field are seen to fall into this definition.

The National Library of Medicine is also developing its holdings of audio-visual material. Part of the present reading room is to be re-planned with carrels for use with magnetic tape, slides, videotape, etc. I also saw the prototype of a "Tutorial Environment" which has been developed by a research team at the University of California, San Diego, at La Jolla with a grant from the National Library of Medicine. Although this prototype was programmed for instruction in the neurosciences it can easily be adapted for use in other disciplines. The study materials contained within the environment, which is like a study carrel, are film sequences of lectures; taped and printed versions of lectures with which can be viewed 35 mm slides; models of brain dissections; viewing box for x-rays and preserved specimens of brain dissections.

I also saw what Dr. Ferguson described as a "medical juke-box", an ordinary commercial juke-box converted for use with discs of medical lectures. A slide-projection screen is also incorporated.

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CHICAGO

I flew to Chicago on Friday evening, October 3rd and spent a quiet weekend recovering from a head cold acquired in Washington and also a gastric infection. Because of this, I spent Monday in bed and had to telescope some of my other visits during the week in Chicago.

American Hospital Association

I spent the morning of Tuesday, October 7th in the library of the A.H.A.

It was in 1929 that the American Hospital Association assumed responsibility for what had been known as the "Hospital Library and Service Bureau". This had been founded in 1920 by the American Conference on Hospital Service, a group of fifteen national organisations in the health and welfare fields. A Rockefeller Foundation grant had enabled the library to continue until 1929 but when this expired, the American Hospital Association agreed to maintain and develop the library. At the moment, the annual budget is in the region of $120,000.

The library has a collection of more than 21,000 volumes with a special collection of 400 early or autographed editions. Subscriptions to 550 journals in hospital, health and related fields are held and many of these are duplicated, one copy being filed for permanent reference and the other

being clipped for addition to the subject folders of reprints and press cuttings. The clippings collection now totals over 130,000 items. There is also a collection of over 9,000 biographies and photographs of individuals associated with the health field.

The majority of enquiries are received by post and telephone, since the A.H.A. library is providing a nationwide service, but loans are restricted to two items per person at any one time; clippings are loaned, but not journals. The A.H.A. prefers to lend through a hospital library, when there is one, rather than to individuals direct. The purpose of the A.H.A. Library is to supplement, not to replace the local hospital library and the A.H.A. is always anxious to encourage the development of hospital libraries. To this end, it holds institutes on hospital librarianship for untrained personnel and Miss Yast, the Director of Library Services, is herself very active in numerous committees designed to improve hospital library services. In 1970, it is hoped that the American Library Association will publish Standards for Patients' and Health Sciences libraries which have been agreed by a joint committee representing interested parties. Miss Yast is a member of that committee.

One of the most important aspects of the work of the A.H.A. Library is the compilation of the *Hospital literature index*, a quarterly publication with annual cumulations indexing over 500 journals by subject and by author. I spent some time discussing indexing problems with Miss Alice Dunlop, who is in charge of the *Index* and who is also Miss Yast's Deputy. Problems have arisen over the indexing of British Government publications and the A.H.A. is aware that these could be better organised in the *Index* than at present. I was at least able to point out the differences between the Scottish and English Health Departments and I think this will prove helpful for future entries

I also met Miss Marion McCabe in charge of the Reference Desk, who showed me something of the type of enquiry received. These are very similar to those we receive at the Scottish Hospital Centre. A.H.A. Library staff will compile bibliographies, but usually only for meetings and institutes rather than for an individual. When a person requests a reading list he is ordinarily referred to the appropriate heading(s) in the *Hospital Literature Index*.

Children's Memorial Hospital

In the afternoon I visited the libraries of the Children's Memorial Hospital and met Mrs. Vera Flandorf, the Librarian.

This is a teaching hospital of 250 beds and the nursing and medical libraries have recently been amalgamated to form one Health Sciences Library for the use of all staff. The nurses were at first reluctant to join forces with the medical library, fearing that they would be regarded as inferior users, but although it was early to say finally how the new arrangement was working, it seemed reasonably good at the time of my visit. Mrs. Flandorf however, did express the opinion that the nurses could make more use of the library than they did.

It is a well-stocked library and subscriptions to 300 journals are held. Annual expenditure is around $5,000 plus $550 temporarily being spent on material for the old nurses' library. These two figures will ultimately be amalgamated. Library staff total four full-time, including two academically qualified. Potential users of the library number approximately 1,000, including students. The loan period for material is one week but this can be extended on request. Departmental collections are purchased with departmental money. Every floor, including the emergency department, has a medical dictionary, Nelson's *Paediatrics*, a pharmacopoeia and a poison's manual.

The library is an attractively furnished, well-lit room of approximately $300m^2$ (3,200 sq.ft.) with a periodicals reading area of $80m^2$ (800 sq.ft.). There are five open carrels and a small room housing audio-visual material can be used as a closed carrel.

The nurses' library is being maintained for a short experimental period, while the nurses become accustomed to using the main library. Already the room, a good-sized one of $160m^2$ (1,600 sq.ft.) with 48 reading places, is being little used and staffing the two libraries in addition to the patients' library is a problem. The existing nurses' library has approximately 2,400 volumes including general paperbacks and medical staff may use the collection if they wish. There is no longer a nurse training school attached to the hospital as it is now the policy to have schools of nursing attached to universities. This has removed a potential number of student users from the library.

Mrs. Flandorf took me to see the children's library which she also administers. It is housed on the infant floor which is not really the best location for it. Shortly, Mrs. Flandorf hopes to move the library to the medical floor where the older children are and where more reading is done. The library room is rather small, approximately $40m^2$ (400 sq.ft.), but it can be, and is visited,

by patients who can be of any age up to 16 years. Stock consists of both non-fiction and fiction, the latter being broadly classified into type of story, e.g. Dogs: Books for Boys: Books for Girls, etc. Mrs. Flandorf regularly weeds out the stock for duplicates and little-used material and these are sent to poor neighbourhoods for sale at about 25¢ a volume. In this way the library is gaining some small additional revenue and poorer areas are benefiting by obtaining reading material that would otherwise not be available to them.

Book carts visit the wards two or three times a week; volunteers, mostly teachers, delivering these. Other volunteers will read to the children and if a specific book or just a book is required at some other time, a nurse on the ward can telephone the librarian. Nurses can also call at the library to select a book for a child. Generally speaking, Mrs. Flandorf considers that children have much better reading tastes than their parents and often the material which parents bring to their child in hospital is quite unsuitable.

If a child is in the hospital for two weeks or more, teachers will come in to conduct classes. It is considered therefore, that the library is probably more important for the short-term patient than the long-term. There is also a recreation department within the hospital with play ladies and volunteers. The Child Guidance department often asks for special books and undertakes planned reading with the children.

There are no cases of communicable diseases within the hospital and no fears of cross-infection through the medium of books. If by any chance a child is found to have an infectious disease in addition to the original cause for admission, then any books in their possession are destroyed.

Some books are kept in day rooms in the hospital and the out-patient department is kept liberally supplied with paperbacks and magazines. There is no worry if these are taken home by a child and not returned. Mrs. Flandorf considers this no loss if a child, perhaps an underprivileged one, is gaining reading material which he otherwise might not have had.

Illinois Masonic Medical Center

This is a general acute hospital of nearly 600 beds with specialist out-patient departments including short-term psychiatry. I visited it on the morning of Wednesday, October 8th.

The capital cost of the library and its annual budget is donated in its entirety by Mrs. Van Cleef as a memorial to her late husband, the library being

named the Noah Van Cleef Medical Memorial Library. The terms of her donation are strictly laid down and in order to purchase audio-visual material, a portion of the doctors' dues is appropriated annually. Fairly substantial departmental collections are maintained in the hospital but these are all centrally catalogued and made available to other members of staff on request. Nursing stations have a small collection of reference books and a dictionary. Loans in 1968/9 totalled nearly 5,500 items. The stock of the library covers hospital administration as well as medical material but hospital journals are filed in a separate sequence from medical journals. The library is also in process of building up a special collection of historical items of local interest.

Slides and films are not kept in the library; these are made and filed at departmental level. There is a small corner for a tape recorder, and in 1970 the library will be replacing the present machines with cassette machines. Physically, the library is a long narrow room of approximately 80m^2 (800 sq.ft.) but it is well-lit and attractively furnished.

Mrs. Harriet Cluxton, the Librarian, speaks to all new classes of residents and interns on the facilities available, and lectures to the medical students on medical libraries in general, library networks and medical librarianship.

There is a small display area with exhibits which are changed from time to time. During my visit a most attractive display of historical material was on view.

Nurses and para-medical staff can make use of the library; students need a special permit. The hospital maintains training schools in some of the para-medical subjects and the tutors are good supporters of the library.

The library staff numbers three, one of whom works in the nursing library, plus one volunteer. In order to keep the library open during the evening and over the weekend, nursing students staff the enquiry desk and are paid for this work.

The patients' library in this hospital is run entirely by volunteers but Mrs. Cluxton acts as consultant; books are donated and there is no problem over losses. All patients are short-term and the stock of the library consists mostly of paperbacks which may be taken home by the patients if they wish.

The nursing library is situated across the road from the main hospital and is a most attractive and spacious room of approximately 200m^2 (2,000 sq.ft.) There is seating accommodation for about forty including eight open carrels.

The nursing school numbers around 200 students. This is a new library and the tables and seating accommodation had a high standard of finish. The floor was carpeted which was both warm and silent. The stock includes general literature as well as nursing material and the library is open from 8.0 a.m. to 9.0 p.m., Monday to Thursday, 8.0 a.m. to 7.30 p.m. Friday, and 11.0 a.m. to 3.0 p.m. Saturday.

I had a working luncheon with Miss Helen Yast and Mrs. Helen Brown-Schmidt, Executive Secretary, Medical Library Association. I was to have visited Mrs. Schmidt in her office, but due to my earlier indisposition some of my visits had to be telescoped. I abandoned altogether my planned visit to the offices of the Association of Hospital and Institution Libraries as Miss Eleanor Phinney had been called away from Chicago and the main reason for my visit was to meet her.

University of Chicago Center for Health Administration Studies

I visited this library in the afternoon and met Mrs. Ng, the Librarian.

The Center was established in 1964 and incorporates the programmes of the Health Information Foundation and the Graduate Program in Hospital Administration, both departments of the Graduate School of Business. The Center's purposes are "to expand basic research in health and medical care; to translate this basic research for public and private agencies; to train practitioners in health administration; and to prepare selected individuals for research and teaching in the health administration field".[1] The Director of the Center is George Bugbee, Professor of Health Administration and the Director of Research is Odin W. Anderson, Professor of Sociology. I had met Professor Anderson when he visited Scotland last year, but while I was in Chicago, he was once again visiting the United Kingdom.

The Center has inaugurated a series of annual lectures in the name of Michael M. Davis, a medical care pioneer. In 1969 the Michael M. Davis Lecturer was Sir George Godber, Chief Medical Officer, Department of Health and Social Security.

The library is a small, very specialised unit covering the field of hospital administration. As the Center is part of the School of Business Administration, both the Business Library and that of the main University are utilized by the staff.

I also met Mr. Newhouser and Mr. May, both of whom were interested in the work of the Scottish Hospital Centre and who may be visiting Scotland within a year or two.

American Dental Association

On Thursday morning, October 9th, I visited the American Dental Association and spoke to Dr. Donald Washburn; Director of Library Services.

Although primarily a private library serving members of the Association, requests for material from others are treated on their merits and rarely is a loan refused. The library, for example, continues to lend regularly to Canadian dentists, although their own Canadian Dental Association is now developing its own library. Loans are also made regularly to the developing countries, e.g. India and Latin-America, and this material is always sent air-mail. Members pay the return postage when books are sent by post.

The basic collection consists of approximately 20,500 volumes, including all the most recent dental books in the English language and a numerous selection in other languages. About 1,000 periodical titles are received regularly but many of these are local newsletters.

Staff of the library total 19 including four professionally qualified librarians. Two members of the Association's staff are based at the National Library of Medicine working on the *Index to dental literature*.

I met Miss Carbonaro who is in charge of Readers' Services. The A.D.A. Library is participating in its local Regional Medical Library Program, the regional resource library for the Midwest being John Crerar. In the same building as the A.D.A. is a Dental Research Institute with its own departmental library. The main library, however, does all the book-ordering and cataloguing, etc.

I also spoke to Miss Otilia Goode, in charge of the Package Folder Service. This is similar to the service operated by the King's Fund Hospital Centre Library in London, with the exception that the A.D.A. makes a charge of $3.00 for each folder lent. There are folders on over 2,000 different subjects, each heading conforming generally to the subject headings used in the *Index to dental literature*. Material, in the form of pamphlets, reprints, clippings, etc. is limited to recent coverage, i.e. the last five or six years, unless older literature is specifically requested. The loan period is normally two weeks but this can be extended without further charge if no-one else is waiting for the folder. Approximately 25-30 letters per day are received requesting package folders and this department alone can keep two qualified librarians and a secretary busy. A return label is sent with the package for the convenience of the borrower when returning material, but folders are not checked on return to see if any material has been extracted.

The demands made on the library make it impossible to compile extensive bibliographies and it is considered that the package libraries are the practical equivalent of a bibliography on a given subject.

American Medical Association

Here I spoke to Mrs. Susan Crawford, Director, Archive-Library, whom I had previously met at the International Congress of Medical Librarianship in Amsterdam.

Again, this is a privately supported library giving a service primarily to its own members within the nation-wide framework of medical libraries.

"The large medical library with well-established communication channels to the medical profession is in a position to provide specialised services not normally available. At the American Medical Association, a large staff of consultants work with the Library; this is the concept of the information center. In numerous areas - medical physics, cardiology, psychiatry, and drug therapy are some examples - physicians on the staff of the Association evaluate (and often digest) information before it is delivered to a user. Requests for information which require medical opinion are referred to authorities in the country through the Questions and Answers Department of the *Journal of the American Medical Association*".[2]

The library contains 40,000 books and subscribes to 2,200 journals. During recent years, the Association has systematically collected what is now one of the World's largest collections in the sociology and economics of medicine. A weekly current-awareness bulletin is issued and this special collection now contains over 20,000 items.

Services of the library include medical literature searches, compilation of bibliographies, and provision of photocopies which the requesting physician may retain.

Mrs. Crawford had just completed a Ph.D thesis for the University of Chicago on "Informal communication between scientists working in sleep and dream research". Some data from her thesis have application to other fields of scientific communication. For example, Mrs. Crawford found that scientists communicated well with each other in groups with not more than an 80 mile radius. Inter-group communication, however, takes place only between the socio-economically designated "star-group", i.e. the particularly bright brains will communicate on a wide basis, but the less enthusiastic will communicate only at a local level.

Veterans Administration Research Hospital

On Friday, October 10th, I visited the VA Research Hospital in Chicago and spoke to Mrs. Margaret Hopkinson, the Chief Librarian, and Miss Helen Lange who is in charge of the General Library for patients and staff under Mrs. Hopkinson.

This hospital has 512 beds covering general medicine and surgery and also, psychiatry. There are three full-time library staff with three volunteers assisting in the distribution of books on the wards. Wards are visited once a week. One volunteer comes in on Monday, one on Tuesday and one on Thursday and each works from 9.0 a.m. until 3.0 p.m. There is a full-time Director of Volunteers in the hospital and Mrs. Hopkinson maintains close co-operation with her. The Director of Volunteers recruits potential volunteers and gives them a general hospital orientation. Once a volunteer has been assigned to library work, where he or she is further trained by the librarians, there is no question of transfer to other work in the hospital unless by mutual consent.

As in all VA hospitals the medical library and the patients' library, which can also be used by hospital staff, are administered jointly. The patients' library here, is on the floor above the medical library, which does not aid administration. Ideally they should be adjacent and in the new VA hospital in Cleveland, which I was to see later in my tour, the two libraries are located side by side. (See below p.25).

The medical library, which is for the use of all staff, has approximately 4,500 books, 3,500 bound journals and subscribes to 250 periodicals. These are housed in a room of about 200m^2 (2,000 sq.ft.). In order to keep the library open for as long as possible, medical students staff the issue desk in the evening and in return they get meals free (i.e. three meals per day). The student may continue to study while on duty at the desk and the only library work required is the re-shelving of returned books.

The patients' library has approximately 8,000 books and the average annual loans total 14,000. From July to September, 1969, the loans were as follows:-

Ward patients	1153
Ambulant patients	2464
Staff	1033
Total	4650

Staff are encouraged to use this library as well as the medical library and a letter from the Chief Librarian to all new staff cordially invites them to make use of all the library facilities in the hospital.

The hospital does grant a good budget for the purchase of new books, but donations are always welcomed. The Librarian screens all these very carefully and only the best material is added to stock. One of the most welcome donations is a subscription to a magazine but the library also subscribes to journals from its budget. Paperbacks are catalogued and, unlike many other patients' libraries which I visited, this library does not consider them disposable and does seek their return. Mrs. Hopkinson told me that, generally, VA librarians do not worry about the return of paperbacks, but each librarian is allowed a degree of autonomy and she has chosen to ask that they be returned.

The hospital is mainly short-stay, but a lot of serious reading is undertaken by the patients. Some patients are moved to nursing homes and books are taken there once or twice a week at least.

North-Western University Medical School

This is a medical library for the use of the university staff and students and for the staff of the hospitals in Chicago used as teaching hospitals for this medical school, there being no University Hospital. Staff number 300 full-time and 800 part-time, with 560 students. Five hospitals are used for teaching:- Veterans Administration Research Hospital; Wesley Hospital; Children's Memorial; Evanston and Cooke County. The dental school has its own library but dental students may use the medical library if they wish.

Volumes total 176,000 and there are 2,100 journal subscriptions. Because the rest of North-Western University and therefore the main library is in Evanston, the medical library spends a certain proportion of its budget on good general literature.

The library occupies 2,500m^2 (25,000 sq.ft.) in parts of three buildings and there is seating accommodation for 209. Library staff total 14 full-time, seven of which are fully qualified professional librarians. A full range of bibliographical services is offered including Medlars searches and the library co-operates in the Regional Medical Library Program for the Midwest based on John Crerar.

Mr. William Beatty, the Librarian and Professor of Medical Bibliography, told me that seminars are conducted on the use of literature. Students attend these from their second year onwards (i.e. from the time they feel a need to search the literature generally. Usually first-year students require only specific references.[3,4,5].

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University of California San Francisco Medical Center

I flew to San Francisco on Monday, October 13th and visited the San Francisco Medical Center on Tuesday, 14th, where I had arranged to see Mrs. Nancy Zin, the History of Medicine Librarian. I also met Mrs. Yazell in charge of the Medical Library and Professor John B. Saunders, Chancellor and Librarian who took me on a tour of the new medical building and explained some of the planning principles behind it. Professor Saunders is an Edinburgh graduate, so we had much in common to discuss. One problem with which we do not have to contend in hospital building in the United Kingdom is earthquakes, and I was interested in the special seismological joints with which the building has been constructed throughout; San Francisco, of course, is very much an earthquake area. There are 680 beds in the Medical Center, but 3,000 beds altogether throughout the University complex in San Francisco.

The medical library's collection of books is completely centralised and there are no departmental collections beyond a very small collection of desk books. Departmental collections are actively discouraged. There is a department covering History of the Health Sciences but the History of Medicine Library is adjacent to the main library. The Library subscribes to between 5,000 and 6,000 current journals and periodicals are bound in the University bindery; binding time is approximately two weeks.

Seating accommodation has been allowed for 25% of the student load and maximum flexibility has been the aim in the design of the library. For example, lighting is built into the ceiling in panels of a standard size. Blank panels and light panels can be interchanged in any combination and the whole lighting completely re-arranged if desired.

In the evening, I addressed a meeting of the Northern California Medical Library Group on the subject of Libraries in Scottish Hospitals, with particular reference, of course, to our report.[1] The Group seemed very interested and enthusiastic about possible future developments here and it was obvious that there are many common problems. After the meeting I was invited to visit Stanford University, but unfortunately time did not permit during this visit.

University of California Los Angeles. Biomedical Library.

I flew to Los Angeles on Thursday, October 16th and visited this library on Friday 17th, speaking with Mr. Harvey Hammond in the unavoidable absence of Miss Louise Darling who had been called away. I also met Mr. Nelson Gilman who is in charge of the Regional Medical Library Program for the Pacific Southwest. U.C.L.A. is the regional resource library for this area which covers the states of California, Arizona, Nevada and Hawaii. The programme has been in operation in this area for only eight months, but in that time it has processed a total of nearly 25,000 loan requests; 17,000 from U.C.L.A. and 6,000-8,000 from San Francisco. California is understandably the main originator of requests and the San Francisco Medical Library acts as a clearing house for its own area, before passing on requests to U.C.L.A. Libraries co-operating in the scheme must have 5,000 books; subscriptions to 200 journals; a xerox machine and a teletypewriter for communication with the Biomedical Library at U.C.L.A. The services offered by the Pacific Southwest Program cover seven general areas: (1) interlibrary loan; (2) Medlars searches; (3) reference; (4) consulting; (5) continuing education; (6) program interpretation and (7) program evaluation.[2]

The staff of the Regional Library at U.C.L.A. will hold workshops within an individual hospital on the organization of a small library. Hospital libraries which participate in the scheme must be prepared to serve all health professionals in the area including those working outside the hospital. One of the main objectives of the scheme is to encourage development and use of local resources as a first line of enquiry.

The Library, which contains over 225,000 volumes and 6,300 current serial titles, offers a full range of services to students and faculty members of the Center for the Health Sciences throughout its four reading floors and twelve stack levels. The Library also offers four one-year internships annually, the year being divided between planned training in medical librarianship and formal academic work from one or more of the following fields; biological sciences, history of science, information science and foreign languages. The aim is to acquaint qualified young librarians with the range of opportunities in an area of librarianship that is changing and expanding rapidly in line with the health fields it serves".[3] The programme is supported by a grant from the National Library of Medicine.

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5 MICHIGAN

Co-operative Center for Hospital Management Studies, University of Michigan, Ann Arbor.

I flew to Detroit on Sunday, October 18th and on Monday morning was met at my hotel by Dr. Lewis E. Weeks who drove me out to Ann Arbor.

The Co-operative Center for Hospital Management Studies was started six years ago by Walter J. McNerney originally to undertake research into hospital administration. It was then part of the School of Business Administration. Now the Center, officially part of the School of Public Health, but in effect a separate department, also takes graduate students undertaking the one-year Master's Degree course in Hospital Administration. There are, at present,

35 post-graduate students and together with the school at Chicago University, which I visited earlier in my tour (see above p.13), undertakes the greatest amount of research into hospital administration.

The Abstracts of hospital management studies, which are issued three times a year, with annual cumulations were issued in order to aid the dissemination of information in the field. It was appreciated that there was little use in publicising documents issued on this subject, if access to the originals was severely limited by inadequate coverage in libraries, and an arrangement was made with University Microfilms, whose headquarters are at Ann Arbor to microfilm all documents appearing in the *Abstracts*. The originals can thus be made widely available.

I also met Dr. John Griffith and Mrs. Andrea Sperlbaum, the Librarian. The Library is small in physical size, but rich in resources and co-operation between our two organizations on the exchange of information is obviously indicated. As a start, I have agreed to send to Dr. Weeks, a copy of all the major bibliographies which the Scottish Hospital Centre Library has so far issued and to keep him on the mailing list for future material.

Wayne State University Medical Library, Detroit

I visited this library on the morning of October 21st, and met Dr. Vern Pings, Librarian.

This is the Regional Medical Library for its area (Kentucky, Ohio and Michigan), and the only medical resource library in Detroit. There are 200 medical studnets at the University and the Library is now subscribing to 3,000 periodical titles; some of these are in the field of hospital administration.

The Regional Medical Library Program here is operated slightly differently from that which I saw in California. In the Kentucky, Ohio, Michigan area there are ten major libraries participating, Michigan State University; University of Michigan; Wayne State University; University of Detroit; Medical College of Ohio at Toledo; Cleveland Health Science Library at Case Western Reserve; Ohio State University; University of Cincinnati; University of Kentucky, and University of Louisville. These ten "sub-regional" libraries are responsible for filling interlibrary-loan requests in their own area as far as they are able. Unfulfilled requests may then be passed to the major library in the next area and each library has a copy of the serials holdings lists of the other nine. Each of the ten libraries may also apply direct to the National Library of Medicine; they are not obliged to go through the Regional Library at Wayne.

During the first nine months of the scheme, 33,000 loan requests were received and of these 7,000 were not filled. It is estimated that 80% of all loan requests can be filled from within the region. It was thought that more publicity was needed for the Regional Medical Library Program, particularly directed to small hospitals who were not always aware that the service was available.

Dr. Pings is particularly interested in studying the type of usage made of health sciences libraries and has also been concerned to help nurses, both student and graduate, to a better and more informed use of libraries. He has written at least one book [1] and several articles on the subject. Dr. Pings made a recent comparative study amongst nursing students who had received a library orientation and those who had not. Nurses' written work and case reports were compared at the end of a session and those who had received instruction in the use of the library and use of literature obtained much better grades than those who had not had the instruction. At the end of the next session it was noted that the first group who had not received instruction achieved improved performance after a library orientation. Dr. Pings is expecting to expand this instruction into a planned course, covering not only the immediate use of students' own library but also processes of publishing and dissemination of scientific information. Dr. Pings hopes to produce a film on these lines, perhaps starting with the foundation of the Royal Society.

Harper Hospital, Detroit

In the afternoon I visited Harper Hospital and met Mrs. Barbara Coe Johnson, Director of Libraries.

Harper is a general hospital of 700 beds. The patients' library and the medical library for the use of all staff are administered jointly and are physically sited adjacent to each other. There are five full-time library staff, two of whom are academically qualified. Volumes in the medical library total 7,000 with 800 subscriptions to periodicals, and the annual budget is currently running at $84,000. This represents 10% of the overall hospital expenditure. The Library operates a large information service to administrators. In answer to reference questions the Library will produce actual documents rather than a list of references so that the enquirer may take away, on loan, a dossier of information. This, of course, is not such a practical proposition in situations where a large proportion of the library's users are at some distance from the library. When however, as is the case of the hospital library, most of the users can pay a personal call then documents rather than references can be produced.

The full-time librarian in charge of the patients' library trains the volunteers who assist in taking book-carts round to the patients. Ambulant patients can visit the library, which was an attractive room of about 70m^2 (700 sq.ft.). The professional library is 360m^2 (3,600 sq.ft.) with seating accommodation for 36 plus six open carrels. Tables for four measured 2m x 1m (6'6" x 3'2"). Sometimes six chairs had been placed at these tables, but it would be impossible for six to sit there all at one time.

There was a loud-speaker call system in operation in the library which broadcast for personnel fairly constantly while I was in the library; this I would consider disturbing to people trying to study in the library.

Mrs. Johnson told me that generally, the principle of a joint administration for all libraries in a hospital had been accepted throughout the United States,[2] but often, the terms of individual private endowments make it impossible always to implement this policy.

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6

CLEVELAND

Case Western Reserve University

I flew to Cleveland in the evening of Tuesday, October 21st and on Wednesday I had luncheon at Case Western Reserve University with Dean Jesse Shera, Head of the School of Library Science and Professor Alan Rees, Director, Center for Documentation and Communication Research. In the early afternoon I took part in a colloquium with the post-graduate students, speaking to them on the development of hospital library services in Scotland. I then spent some time with Professor Rees and his staff discussing their research work. Several

studies are under way; a particularly interesting one is attempting to determine the attitudes of hospital personnel towards libraries and information services. Ten people representative of a wide range of staff, in each of 30 hospitals in the Cleveland area were interviewed. Medical students undertook the interviewing as it was thought that they might obtain more honest answers than librarian-interviewers. Sample questions were: (1) How do you get information? (2) What experience have you had with libraries? (3) What do you think a librarian should be? The replies are being analysed but already it is clear that a large number of hospital staff have only the vaguest idea of what libraries and librarians can do. They all acknowledge a need for information, but many will seek to fulfill that need in complicated and inefficient ways. For some, the processes of obtaining information are so difficult, that they cease to bother. However, difficulty in obtaining information was not allowed as an adequate defence in a case which was quoted to me, of a doctor who was convicted of malpractice in South Dakota. Although he worked in a rural area, it was upheld that he should have kept himself up to date with changes in practice.

Case Western Reserve has instituted a special training programme in medical librarianship and health sciences information[1] and Professor Rees' staff have undertaken an extensive feasibility study for the continuing education of medical librarians.[2] Parallel to this is a study on the educational needs of staff working in health sciences libraries.[3] A survey has also been made of the hospital library resources in Ohio.[4] Money is available for the development of libraries under the Regional Medical Programs as well as under the Regional Medical Library Programs and Professor Rees thinks that the best way of obtaining funds for the development of hospital libraries is through the R.M.P.s. The purpose of the Regional Medical Program (Public Law 89-239, 1965) is to make grants available for co-operation in the provision of better patient care facilities and information needs are seen to fall into the terms of the Act.

In the evening I had dinner with Professor Rees and his wife, who is a psychiatrist. Together we visited the Fairhill Mental Health Center where Dr. June Rees works and I saw a small, but most attractive patients' library provided by the Cleveland Public Library Service.

Hospitals and Institutions Department, Cleveland Public Library

On the following morning, Thursday, October 22nd, Miss Clara Lucioli, Head of the Hospitals and Institutions Department of the Cleveland Public Library picked me up at my hostess' apartment and together we visited two hospitals, Mount Sinai and the Veterans Administration Hospital.

Mount Sinai Hospital

This is a 550 bed general hospital with a medical library for the use of all staff. Subscriptions are held to 200 periodicals and there is a good collection of tapes, including the *Audio digest* tapes in several specialties, medical, and nursing conferences and lectures, and special visiting lecturers recorded from original events in the hospital. Some tapes include slides which are available with the tapes.

The patients' library is in an adjoining room and the service is provided by Cleveland Public Library, the Hospital making an annual grant of $600. There are approximately 2,000 volumes which may be borrowed by both patients and staff. A fresh supply of books is exchanged each week. No objections have been made to the interchange of books with the general public library stock on the grounds of cross-infection. Miss Lucioli made the interesting observation that no-one objects to receiving money on the grounds of cross-infection! The library is open three days a week, but is too far from the wards to encourage ambulant patients to visit. Wards are visited once a week and short-stay wards receive a twice-weekly visit.

Veterans Administration Hospital

This is a new hospital of 800 beds. At one time it had been thought that VA hospitals would eventually close down; already they were becoming almost geriatric hospitals. But with the high rate of casualties amongst young soldiers in the Vietnam War, it has become necessary to rebuild and extend existing VA hospitals. The intake of younger men has also influenced the book selection policy, particularly in the areas of retraining and educational programmes. A vocational psychologist is employed in this hospital to help in the readjustment of these young men to civilian life and the library is closely involved in this work.

A leaflet is given to all new patients inviting them to make use of the library which is well-stocked. There are subscriptions to 100 periodicals in the general library.

As in all VA hospitals, the patients' library and the medical library are administered as one unit in this hospital. Unlike the older VA hospital which I visited in Chicago (see above p.16) the two libraries have been placed next to each other in this new hospital. However, the patients' library is approximately 100m^2 (1,000 sq.ft.) and already it is considered too small for the seating accommodation required.

The Library has two full-time qualified librarians, one secretary, three trainee library students and a number of volunteers.

Cleveland Public Library H.Q.

After luncheon, I spoke with Miss Lucioli in her office and met some other members of her staff. There are 45 staff altogether in the Hospitals and Institutions Department. Twenty-one of these are part-time and ten work entirely in the hospital service.

Twenty-nine hospitals in Cleveland are served, but some of these have only a delivery of books. Most hospitals have a library service operated entirely by the public library staff and volunteers are used in only two hospitals, St. Luke's and Mount Sinai.

Approximately 25 other institutions are served by the department. Some are correctional, e.g. prisons; some are homes for unwed mothers and some are homes for the aged. There are approximately 1,200-1,300 home-bound people on the list for individual visits.

The arrangement for providing a hospital service is relatively informal, but a signed agreement is made between the Public Library and the Hospital. The Library will provide staff and books and the Hospital, premises, equipment and overheads. Total annual expenditure for the Department is currently $227,000 (approximately £100,000) broken down as follows: general (including salaries), $112,000; blind service, $54,000; shut-ins, $48,000; special grants, $13,000. Approximately 49% of this money comes from Cleveland Public Library Funds; 23% from the State of Ohio Division for the Blind and Physically Handicapped; 23% from the Judd Fund for Shut-Ins; and 5% from other private funds. The total annual expenditure of Cleveland Public Library is $7 million.

The service to shut-ins is to the greater Cleveland area only, but service to the blind covers 59 countries in the State of Ohio.

Judd Fund Service to Shut-Ins

I spoke with Miss Dorothy Fleak who is in charge of this service.

Approximately 1,200-1,300 readers are on the list for a home-bound service. The city is divided into 20 divisions and each division is visited once every four weeks. This means that any one reader will receive a visit thirteen times a year. Any number of books are allowed on loan at one time and some people take as many as 30 volumes at a time. The Library will provide a service, even if there is a person in the house who can visit the library.

It is considered that a friend or relative frequently does not really know which books to select and if there is a serious illness in the home, with many tasks claiming attention, visits to the library are often neglected. The Shut-Ins service will also visit those who are actually mobile, but who may have some disability, e.g. heart disease, which would prevent them climbing the steps to the public library. Anyone may apply for a home-bound service and names of potential readers are often notified by the hospital librarians when patients are discharged, perhaps to a long convalescence. The Library is automatically sent a list of children requiring a home tutor and Miss Lucioli frequently talks to visiting Nurses Associations and has contacts with all the health agencies.

A service is also provided in homes for old people. Film programmes are often arranged, travelogues, history and biographies being the most popular. Often the showing of a film is followed by a request for literature on the same subject.

Miss Lucioli took me on a tour of the rest of the building so that I was also able to catch a glimpse of some of the rest of the work of one of the leading public library systems in the United States.

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7 CONCLUSION

The libraries which I visited could be classified into four main groups: (1) patients' libraries, whether provided by the public library or the hospital itself; (2) hospital medical or health sciences libraries; (3) university libraries, both in medicine and hospital administration; and (4) libraries of institutions such as the American Hospital Association. These were chosen because I had either read about them or had corresponded with or had met their librarians. I am very conscious of the libraries and institutions which I did not visit: the Library of Congress, Division of the Blind and Physically Handicapped; the Bureau of Adult, Vocational, and Library Programs, U.S. Office of Education; the U.S. Department of Health, Education and Welfare; the Francis A. Countway Library of Medicine, Boston; Stanford University and so on. In a month it would have been impossible to visit every institution which has some connection with health care and I certainly hope that I will be able to return to the United States at some time in the future. However it must not be supposed that the United States is universally well-provided with health sciences and patients' libraries. The librarians whom I met were aware that much still needs to be accomplished. I was, however, very much impressed by four things: the attempt at comprehensive coverage of professional literature within a given area under the Regional Medical Library Program; the almost universal acceptance that all library services within a hospital should be under one administration, even if one or more libraries needed the full-time services of a librarian within the joint administration; the general realisation that all hospital staff should use the medical or health sciences library; and the awareness of the importance of planned reading and other activities connected with reading in the rehabilitation of the patient.

The Regional Medical Library Program, which has the blessing of the U.S. Government under an Act of Congress, is a positive attempt to provide health care information on a wide scale, particularly to the smaller and isolated units, of which hospitals form a substantial part. The recognition that regional, and ultimately, inter-regional, co-operation and co-ordination is essential for the effective dissemination of information in the health sciences, is a major step forward. Unfortunately, we do not yet have a similar approach in the United Kingdom. Although the Sheffield Regional Hospital Board as long ago as 1965 recommended the appointment of a Regional Librarian[1], only the Wessex Regional Hospital Board has actually appointed a librarian to plan and develop the health care information networks in the region. A country like Scotland with problems of geographically isolated

areas has a particular need to plan in this way. It would obviously be impractical to establish a large health sciences resource library on, for example, Shetland, but is the need for up-to-date information any less important there, than in Edinburgh or Glasgow?

There are welcome signs that hospitals in the United Kingdom are realising the importance of information services for all hospital personnel; it is not only the medical staff who require to keep up to date. Unfortunately hospital authorities in Scotland have fallen behind their southern counterparts in the appointment of academically qualified librarians to administer the total library service. Hospitals such as the London teaching hospitals; Queen Elizabeth II, Welwyn Garden City; Lincoln County; Luton and Dunstable; Lewisham; those in the Durham and Kent County areas and in the Wessex Regional Hospital Board area have come to recognise the value of the service which trained librarians can give. These services can stand comparison with the best of the American libraries I visited, with Harper Hospital, Detroit; the VA Hospitals in Chicago and Cleveland; Children's Memorial, Chicago; Illinois Masonic, etc. Good as the existing British services are, we cannot yet however, say that we have enough of them.

I was very encouraged during my visit to see how much the importance of reading for patients and other handicapped people was appreciated. Hospital librarians in this country too have long been aware of the recreational, educational and therapeutic value of reading, but their enthusiasm has perhaps not always been shared by hospital authorities. Again the United Kingdom has no legislation to compare with the section, *State Institutional Library Services*, Title IV-A of the Library Services and Construction Act Amendments of 1966 (Public Law 89-511). Many public library authorities too in the United Kingdom provide a library service to home-bound readers similar to that which I saw in Cleveland, but, unfortunately many do not. Such a service is not yet a statutory obligation in this country. It is to be hoped that the day is not too far distant when all handicapped members of our community, be they in hospitals; in institutions; home-bound or in prisons, will have equal access with the able members of the community to good library services.

In conclusion, I can do no better than to quote the words of the late President John F. Kennedy when addressing the delegates to the Second International Congress of Medical Librarianship held in Washington in June, 1963. "It is important that the knowledge of medical advances be made available. The librarian contributes to and supports the work of every doctor, every nurse, every member of the healing professions. Knowledge in

the field of health does not know national lines; it is international. We have a great deal to learn. Some of the most important discoveries in the last 25 years have come from other countries. We want to share with them the knowledge we have gained, and the librarian who arranges that sharing can be most effective ... 'Librarians' - I think it is a proud title".[2]

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